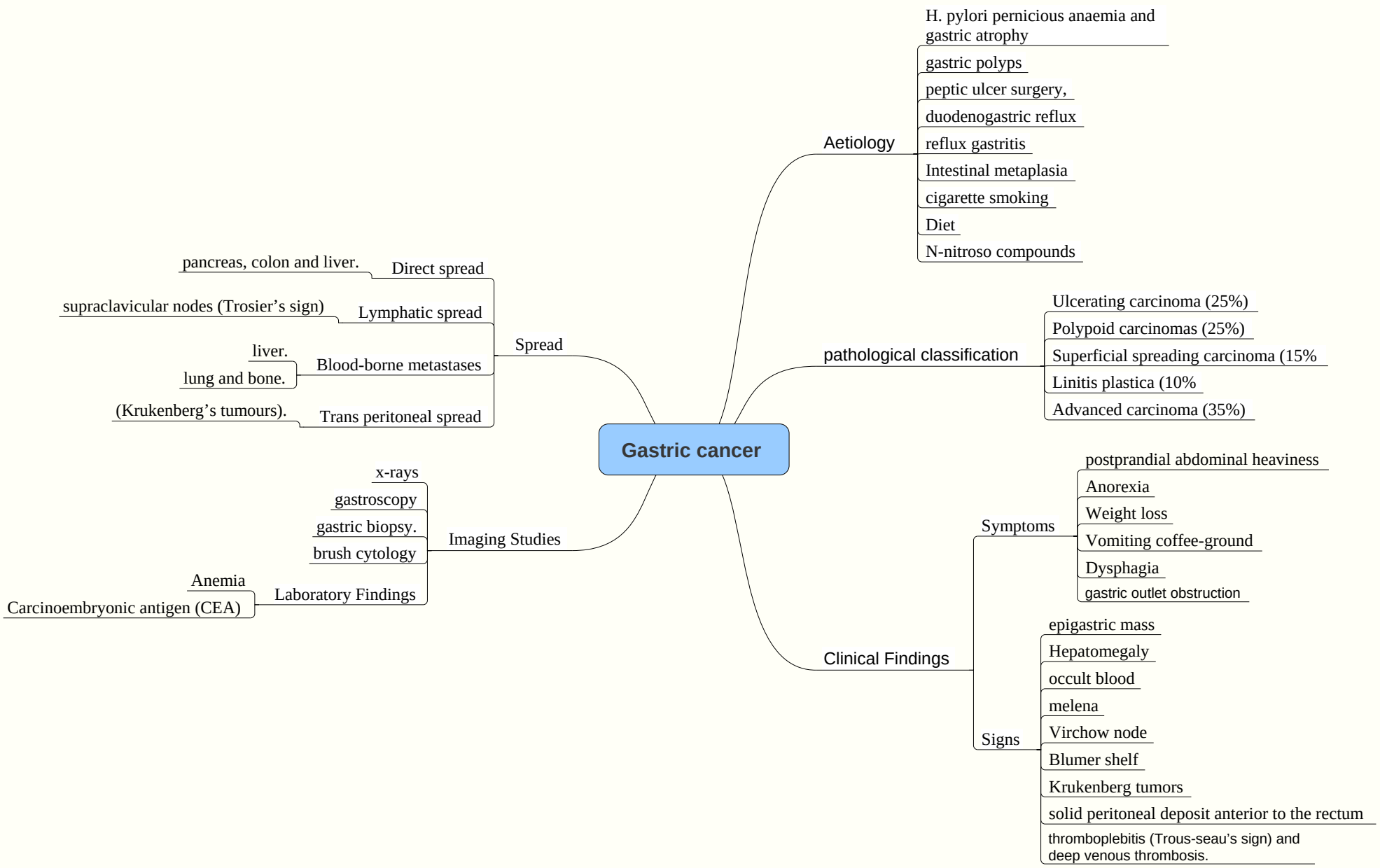
Gastric cancer
Aetiology
H. pylori pernicious anaemia and gastric atrophy
gastric polyps
peptic ulcer surgery,
duodenogastric reflux
reflux gastritis
Intestinal metaplasia
cigarette smoking
Diet
N-nitroso compounds
pathological classification
Ulcerating carcinoma (25%)
Polypoid carcinomas (25%)
Superficial spreading carcinoma (15%
Linitis plastica (10%
Advanced carcinoma (35%)
Clinical Findings
Symptoms
postprandial abdominal heaviness
Anorexia
Weight loss
Vomiting coffee-ground
Dysphagia
gastric outlet obstruction
Signs
epigastric mass
Hepatomegaly
occult blood
melena
Virchow node
Blumer shelf
Krukenberg tumors
solid peritoneal deposit anterior to the rectum
thromboplebitis (Trous-seau's sign) and deep venous thrombosis.
Spread
Direct spread
pancreas, colon and liver.
Lymphatic spread
supraclavicular nodes (Trosier's sign)
Blood-borne metastases
liver.
lung and bone.
Trans peritoneal spread
(Krukenberg's tumours).
Imaging Studies
x-rays
gastroscopy
gastric biopsy.
brush cytology
Laboratory Findings
Anemia
Carcinoembryonic antigen (CEA)